

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Wireless

2011.29A

CERTIFICATED COMPANY INFORMATION

<u>RING CONNECTION, INC.</u>	
Company Name	FEIN/SSN
	<u>(850) 682-0475</u>
Dbal/fka	Telephone #
<u>P.O. Box 520</u>	
Mailing Address	
<u>CRESTVIEW, FL 32536</u>	
City, State, Zip Code	
<u>961 SOUTH FERDON BLVD.</u>	
Business Location	
<u>CRESTVIEW, FL 32539</u>	<u>OKALOOSA</u>
City, State, Zip Code	County

REGISTERED AGENT INFORMATION

Registered Agent:	<u>JOANNE BOYD</u>
Mailing Address:	<u>1307 RICHLAND AVE. WEST</u>
City, State, Zip Code:	<u>AIKEN, SC 29801-3229</u>

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.	<u>HOLLEY BURLISON</u>
	General Manager (Include address if different than above.)
	<u>(888) 990-9902</u> <u>(877) 682-1524</u> <u>HOLLEY@speedeenet.com</u>
	Telephone Number Facsimile Number E-mail Address
B.	<u>SAME AS ABOVE</u>
	Customer Relations /Complaints Representative (Include address if different than above.)
	<u>/</u> <u>/</u>
	Telephone Number Facsimile Number E-mail Address
C1.	<u>SAME AS ABOVE</u>
	Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
	<u>/</u> <u>/</u>
	Telephone Number Facsimile Number E-mail Address
C2.	<u>SAME AS ABOVE</u>
	Customer Contact (Toll Free Number)
D.	<u>SAME AS ABOVE</u>
	Engineering Operations (Include address if different than above.)
	<u>/</u> <u>/</u>
	Telephone Number Facsimile Number E-mail Address
E.	<u>SAME AS ABOVE</u>
	Test and Repair (Include address if different than above.)
	<u>/</u> <u>/</u>
	Telephone Number Facsimile Number E-mail Address

RECEIVED

PSC SC
MAIL / DMS

F. SAME AS ABOVE
Emergencies (During non-office hours)

Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. SAME AS ABOVE
Regulatory Officer (Include address if different than above.)

Telephone Number Facsimile Number E-mail Address

H. SAME AS ABOVE
Dual Party Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

I. SAME AS ABOVE
Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

J. SAME AS ABOVE
Universal Service Fund Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

K. SAME AS ABOVE
Gross Receipts Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

L. SAME AS ABOVE
Lifeline Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

JAN McQUEEN
This form was completed by (print name)

ACCOUNTING MANAGER
Title

Jan McQueen
Signature

3/29/2011
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

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